

## INSTRUCTIONS TO COMPLETE CAP FORM 83 DATED OCT 01

THIS FORM MUST BE TYPED OR COMPUTER GENERATED

CHARTER-Wing/Region and unit (NY123)

CREW POSITION-Drop-down box that list five crew positions. Indicate the highest held.

DATE-Enter month, day and year. Separate with a slash (/). Leading zeros are not required.

INSTRUCTIONS-Read and follow exactly as written.

TYPE APPLICATION-Drop down box.

Initial – First time application for the CD program

Reapplication – Applications that are submitted after being rejected by the agencies for explanation or correction. Or an individual who has dropped out of the program and wants to reapply.

Recertification – The mandatory four-year resubmission

**Block 1**-NAME-Last name, first name and middle initial. Include any suffix.

**Block 2**-HOME ADDRESS-Full address: street, city and ZIP. A post office box is not acceptable.

**Block 3**-List any nicknames, maiden names or aliases.

**Block 4**-Enter 9 digit SSAN. No dashes or slashes required.

**Block 5**-Enter city and state of birth. Enter country if not USA.

**Block 6**-Enter month, day and year with slash (/) separators.

**Block 7**-Enter your home phone with area code. No separators needed.

**Block 8**- Enter your business phone with area code. No separators needed. Enter NONE if applicable.

**Block 9**-Drop-down box. Enter gender.

**Block 10**-Enter complete driver's license number.

**Block 11**-Enter the state from which the driver's license was issued.

**Block 12**-List all residences during at least the last 3 years in reverse order. The most current address must be the same as the address in Block 2.

**Block 13**-If YES complete Block 14. If NO go to Block 15.

**Block 14**-Drop-down box for type of discharge (Honorable or Other). If Other, list type and explain on a separate sheet of paper. Separate sheet must be typed. If still on active duty, check that drop-down box.

**Block 15**-Check applicable block. If not a U.S. citizen, you are not eligible for the CD program. If naturalized, indicate certificate number.

**Block 16**-Indicate employer's full name and address. If not employed, indicate NONE on the Current Employer line.

**Block 17**-If you have not used any non-prescribed, controlled substances within the last year, indicate NO and go to Block 18. Otherwise list all drugs used and give details on a separate sheet of paper. Separate sheet must be typed.

**Block 18**-All four questions must be answered. Any yes answers require a full explanation on a separate sheet of paper. Separate sheet must be typed.

Carefully read the five statements on the reverse side of the CAP Form 83.

The CAP Form 83 requires three original signatures: The applicant, the wing counterdrug officer or CAP-USAF LR/CC and the wing commander or CAP-USAF LR/CC.

**NOTE 1:** Profanity or derogatory comments on the CAP Form 83 or attachments will cause the form to be returned without being processed.

**NOTE 2:** No other editions of this form (OCT 01) will be accepted